



**MCLB Albany Annual Run For Relief 2004**  
Half Marathon, 5K and 1 Mile Fun Walk/Run  
MCLB Albany, GA  
Saturday 15 May 2004

Web Entry Form: [www.ala.usmc.mil/run4relief](http://www.ala.usmc.mil/run4relief)

**Location:** Start & Finish at the parking lot next to Covella Pond,  
MCLB, Albany, GA

**Times:**

Half Marathon: 8:00 A. M.  
5K: 8:20 A. M.  
1 Mile Fun Walk/Run: 9:00 A. M.

**Entry Fee:** \$12.00 for early registration, \$15.00 day of Event

**T-Shirts:** Each registered participant will receive a quality T-Shirt  
on Race Day

**POC:** Race Coordinator, 1stLt Kim Verhegge at (229) 639-5105/7140 or  
[verheggeka@logcom.usmc.mil](mailto:verheggeka@logcom.usmc.mil)

**Tax ID Number:** The Society is exempt from Federal Income tax under section  
501(c)(3) of the Code. Tax ID number: 53-0204618

**Age Groups:**

Half Marathon/5K: 14 & under; 15-19; 20-24; 25-29; 30-34; 35-39; 40-44;  
45-49; 50-54; 55-59; 60-64; 65-69; 70 +  
1 Mile Fun Walk/Run: Open to all ages (trophies will be provided for  
children 13 and under only)

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**Registration Form** (Please print and complete entire form)

**Circle Choice:** Half Marathon 5K Fun Walk/Run

Name: \_\_\_\_\_ Age on Race Day: \_\_\_\_\_ M/F: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

T-Shirt Size (Circle One): M L XL

**Waiver:**

Please read and sign: I, the undersigned, do hereby waive and release all rights and claims for damage I may have against the U.S. Marine Corps and MCLB Albany, and all sponsors, officials, and volunteers of this race from any liability arising from illness, injury or damage I may suffer as a result of my participation in this event. I authorize the organizers and support personnel to obtain and administer medical aid in the event of its necessity. I also give permission for free use of my name and photographs in any broadcast, telecast, or print media account of this event. I attest and clarify that I am physically fit and have trained sufficiently for this event.

**Signature:** (Parent/guardian if under 18) \_\_\_\_\_ **Date:** \_\_\_\_\_

**Make Checks payable to: NMCRS Fund Drive**

**Mail to:**

ATTN: 1stLt Kimberly A. Verhegge  
Personnel Officer/S-1  
Marine Corps Logistics Base  
814 Radford Blvd Ste 20324  
Albany, GA 31704-0324